

| POSITION            | INITIALS | ID NO. | DATE    |
|---------------------|----------|--------|---------|
| FEE DETERMINATION   |          |        |         |
| O.I.P.E. CLASSIFIER |          |        |         |
| FORMALITY REVIEW    |          |        | 7/10/97 |

**INDEX OF CLAIMS**

✓ ..... Rejected      N ..... Non-elected  
 ..... Allowed      I ..... Interference  
 (Through numeral) ..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

| Claim          | Date    |
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| Final Original |         |
| 1              | 1/15/97 |
| 2              | 2/1/97  |
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| Claim          | Date |
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If more than 150 claims or 10 actions  
staple additional sheet here

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